For Commission Use Only:

Case: 01-0330

## OFFICIAL FILE ULINOIS CORREGIOE COMPLISSION FORMAL COMPLAINT

Illinois Commerce Commission 527 E. Capital Avenue Springfield, Illinois 62701

ONIGNAL

Regarding a complaint by (Person making the complaint): TAMES ENGE	<u></u>			
Against (Utility name): Com ED ELECADIC CO.				
As to (Reason for complaint) They HAVE NEVER PRODUCED	THE "UNPAID			
BILL THAT STARTED LATE, CURRENT & PREUD				
BUT THEIL CONTINGE ADDING FEES UNHOPONTO	OP OF FEES			
in <u>WES t Chicago</u> Illinois.				
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:				
My mailing address is 119 WEST Pormeroy 5t, WES	H ChICAGO, ILL GOIS			
The service address that I am complaining about is				
My home telephone is $[\underline{630}] \ \underline{331-6776}$				
Between 8:30 A.M. and 5:00 P.M. weekdays. I can be reached at [] SAME				
(Full name of utility company) $\underline{ComED}$ $\underline{ANEXECONCO}$ . (respondent) to the provisions of the Illinois Public Utilities Act.	) is a publicity lity and is subject			
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.				
PART 280-BILLING	$\frac{1}{2} = \frac{1}{2}$			
	2			
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	¥Yes □ No			
Has your complaint filed with that office been closed?	☐ Yes 夕No			

			hs. Please include time period and dollar amounts involved with your complaint. Use an
	AS	5t Ated	A BOUE 1
Please clearly state what you w	ant the Comi	nission to do in this ca	PREVIOUS AND, CURRENT LATE CHARG
Stop, AND	CLEAD	. ACC "	precious no Dicerton Control
Note: 5-21-0	クフ		Complainant's Signature James & Engl
Date: <u>5-91-4</u> (Month, day	, year)		bumpiamant's alymorus   function is
If an attorney will represent you	ı, please give	the attorney's name, a	address, and telephone number.
You need to file the original with	the Commis	eina Aleo nenvide noa	e copy for each utility complained about (referred to as respondents).
Too need to me the original with	T the bolling	Sign. Also, provide dite	
			VERIFICATION
A notary public must witness th	e completion	of this part of the for	m.
I. As HCE? (AAC) The contents of this petition acr	AS		, first being duly sworn, say that I have read the above petition and know what it says.
6/16	true to the	) )	
(Signature)			- ( /- m
Subscribed and sworn/affinative	d to before n	ne on (month, day, year	$r) = \frac{5/21/0.7}{0.7}$
Notary Public, Illinois			Commence of the contract of th
Mutat y Fublic, Millions			AGRICE MARGAS  NOTARY AGENCI, STATE OF ILUNOIS
			MY COMMISSION ENGINES 12/11/10
NOTE: Failure to answer all of the counselor in the Consumer			esult in this form being returned without processing. If you have questions, please call r informal complaint.
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